



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

Family Investment Administration **ACTION TRANSMITTAL**

Control Number: #11-13

Effective Date: 12/1/10

Issuance Date: 12/13/10

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF
DIVISION OF ELIGIBILITY WAIVER SERVICES

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR, FIA
DEBBIE RUPPERT, EXECUTIVE DIRECTOR, DHM/OES

RE: LDSS AND DEWS PROCEDURES FOR APPLICANTS AND RECIPIENTS
FILING FOR DISABILITY IN AN ABD COVERAGE GROUP

PROGRAM AFFECTED: MEDICAL ASSISTANCE

ORIGINATING OFFICE: OFFICE OF ELIGIBILITY SERVICES

SUMMARY:

There are two entities that make Aged Blind and Disabled (ABD) disability determinations: the Social Security Administration (SSA) and the State Review Team (SRT) of the Family Investment Administration (FIA). The SSA and the SRT use a 5 Step sequential evaluation process to determine disability as defined by the SSA.

The SRT includes physicians, psychologists, disability specialists, and clerks. SRT determines an applicant's disability based on the SSA 5 Step evaluation process. Effective 12/1/10, Step 1 of the evaluation process to determine disability is the responsibility of the Local Department of Social Services (LDSS).

This Action Transmittal (AT):

1. Includes a **Reference Guide** which outlines procedures for processing Applications, Redeterminations, Reactivations, and Step 1 of the MA ABD Disability Determination.
2. Defines policies for the Disability Determination process and outlines responsibilities of the LDSS and the SRT.
3. Provides clarification regarding who can make disability determinations for Medical Assistance (MA),
4. Outlines procedures for referring cases to SRT.
5. Reminds case managers that disability determinations made by the SSA remain binding on the State until changed by the SSA.
6. Clarifies that State and Federal regulations prohibit the State from making an independent determination of disability during the 90-day period following the individual's MA application date, when there is a pending SSA application.

Reminder: The SRT receives disability determination referrals statewide and strives to make disability determination case decisions within 60 days when the applicant is ineligible to apply for SSA benefits. Circumstances may warrant a delay or extension of this process. (See page 8 of the *Reference Guide* for delay reason codes.)

The following Action Transmittals and Information Memos are **OBSOLETE**:

- AT 01-28
- AT 10-16 Retracted (Issuance Date: 12/22/09)
- IM 06-18
- IM 06-18 revised
- IMA OPA # 96-12

The following forms are only **OBSOLETE** for Medical Assistance disability determinations:

- DHR/FIA 402-B Medical Report Form
- DHR/FIA 4204 Vocational, Educational and Social Data Form

POLICY:

LDSS MUST COMPLETE STEP 1 OF THE DISABILITY DETERMINATION PROCESS

The LDSS is responsible for processing referrals to SRT, which includes the completion of **Step 1** in the 5 Step evaluation process to determine disability. In order to process referrals, the LDSS must provide a referral packet (or SRT Packet) to the State Review Team consisting of Substantial Gainful Activity (SGA) information, when applicable, and the referral forms listed on page 3.

The LDSS is responsible for evaluating Substantial Gainful Activity, or Step 1 of the evaluation process to determine disability. If an applicant indicates they have earned income, the LDSS must evaluate SGA by assessing whether an individual can engage in significant work activity performed for pay. To determine if an applicant meets or does not meet SGA, the LDSS must calculate the applicant's countable earnings and compare their earnings to an earnings guideline established by the SSA. If the individual does not meet SGA, they have met the initial criteria for being determined "disabled." The LDSS evaluation of SGA will help expedite the SRT process and reduce the number of referrals made to the SRT. SSA SGA guidelines follow:

2010 Monthly Substantial Gainful Activity Amounts	
Non-Blind	Blind
\$1,000	\$1,640

SRT evaluates Steps 2 – 5 to complete the disability determination process. A brief description of SRT's (Steps 2 – 5) evaluation process to determine disability is outlined below:

Step 2: Determine if Claimed Disability is a Severe Impairment

Step 3: Determine if Impairment Meets or Equals Impairment Listings

Step 4: Determine if Applicant is Able to Return to Past Relevant Work

Step 5: Determine if Applicant is Able to Perform Any Other Work

WHEN TO REFER CASES TO SRT

LDSS must refer a case to SRT with an SRT Referral Packet when:

1. An applicant claims a disability, files an MA application, and does not meet SGA.
2. If SSA has determined an applicant ineligible due to factors other than disability (Examples: overscale income and/or resources)

Note: The LDSS case manager must not deny MA or refuse to forward MA referrals to SRT (and SSA) for any reason related to disability.

WHEN NOT TO REFER CASES TO SRT

LDSS must not refer a case to SRT when:

1. An applicant's work earnings exceed SSA SGA guidelines
2. If SSA has determined the applicant is currently disabled, then the disability determination is binding on the State and the LDSS will NOT submit a referral packet to SRT.

FORMS EFFECTIVE 12-1-10

Effective 12/1/2010, LDSS must submit the following forms in order to make a referral for SRT disability determination.

SRT Referral Packet:

- DHR/FIA 700 Customer Declaration of Disability
- DHR/FIA 827 Authorization to Release Information
- DHR/FIA 3368 Disability Report
- OES 06 Substantial Gainful Activity (SGA) Worksheet
- DHR/FIA 707 Disability or Blindness Determination
- Any original medical documentation that the customer provides to the LDSS

SRT will submit the following assessment to the LDSS, as applicable, when the evaluation of the disability determination is complete:

- DHR/FIA 736 Medical, Vocational, and Educational Assessment

An Adverse Notice of Action is sent to the applicant by the LDSS, when applicable:

- DHR/FIA 739 Disability Determination Notice of Action

ACTION REQUIRED:

Refer to: *Reference Guide – Action Required for ABD Disability Determination: Procedures for Referrals to the State Review Team*

NOTICE:

A grace period of 19 calendar days will be granted to those entities who require additional time to implement the requirements of this AT and Reference Guide. In cases where additional time is required, an effective date of 12/20/10 will be accepted.

INQUIRIES:

For policy questions, contact the DHMH Division of Eligibility Policy at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463).

cc:	DHR Executive Staff	DHMH Executive Staff
	DHMH Management Staff	DHMH Policy and Training Staff
	FIA Management Staff	Constituent Services
	DHR Help Desk	

ATTACHMENT:

Reference Guide – Action Required for ABD Disability Determination: Procedures for Referrals to the State Review Team

REFERENCE GUIDE

***Action Required for
ABD Disability Determination:
Procedures for Referrals to
The State Review Team***

REFERENCE GUIDE
Action Required for ABD Disability Determination:
Procedures for Referrals to the State Review Team

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DETERMINE IF - APPLICATION, REACTIVATION, OR REDETERMINATION?

- I. Review the application for completeness
- II. Perform CARES, MMIS, MABS, SVES/SOLQ, and SDX clearances

APPLICATION PROCEDURES

- I. If the applicant indicates he or she is disabled and has earned income, the case manager will either mail the customer an application or engage in a face-to-face interview. The case manager will give the applicant the DHR/FIA 1052 requesting completion of the following forms:
 - OES 06 SGA Worksheet, including the Impairment-Related Work Expenses descriptions. The applicant is expected to complete the top portion of the SGA Worksheet.
 - DHR/FIA 827 Authorization to Disclose Information Form
 - DHR/FIA 700 Customer Declaration of Disability Form
 - DHR/FIA 3368 Disability Report form is completed only when:
 - ✓ The applicant is applying for MA under the X02 category; OR
 - ✓ The applicant and/or spouse are receiving any type of income.
- II. Once the OES 06 is returned, the case manager will complete the bottom portion of the SGA Worksheet to compare the earnings to the "non-blind" or "blind" SGA standard.
 - If earnings equal or exceed the SGA standard, deny the MA application.
 - If earnings are below the SGA standard, the customer must apply for Social Security benefits.

2010 Monthly Substantial Gainful Activity Amounts	
Non-Blind	Blind
\$1,000	\$1,640

- III. Follow the appropriate procedure below for applicants who file for disability related Medical Assistance.
 - A. If no application was filed for SSA, then:
(If the clearances/SVES indicate no application has been filed or the applicant does not provide verification that an application has been filed)
 1. Give the applicant the Request for Information to Verify Eligibility Form (DHR/FIA 1052) with instructions to go to SSA to apply for all income benefits that the applicant may be entitled to and:
 - a. To return proof that an application for SSA benefits was filed; OR
 - b. To return proof that an appointment to file an application has been scheduled AND,

- c. To return proof, within five days of the appointment date, that the appointment has been kept and the application for SSA benefits has been filed.
2. Create a 745 alert to follow up on receipt of proof that the appointment has been kept and that the application for SSA benefits was filed.
3. Deny the MA application on the 30th day when no proof that an SSA application has been filed on SDX, SVES, or SOLQ and:
 - a. No verification is received that an application for SSA benefits was filed; OR
 - b. No verification is received that an appointment to file an application for SSA benefits has been scheduled.
4. Deny the MA application on the 30th day when the SSA appointment was scheduled within 20 days after the MA application date and:
 - a. The applicant has not submitted verification that the scheduled appointment was kept; OR
 - b. There is no verification on SVES, SDX, or SOLQ that an SSA application has been filed.
5. Deny the MA application 10 days after the SSA appointment date when the SSA appointment was scheduled more than 20 days after the MA application date and:
 - a. The applicant has not submitted verification that the scheduled appointment was kept; OR
 - b. There is no verification on SVES, SDX, or SOLQ that an SSA application has been filed.
6. Once the SSA application is verified, if all other eligibility criteria are met, immediately complete and send a referral to SRT, which includes:
 - a. DHR/FIA 707;
 - b. Verification of SSA status:
 - (1) Verification from SSA; OR
 - (2) Original printout of the appropriate SDX, SVES, and/or SOLQ screen.
 - c. Original DHR/FIA 827;
 - d. Original DHR/FIA 3368, when required;
 - e. Verification of any earned income, if the applicant is employed;
 - f. Copy of OES 06 SGA Worksheet, when required;
 - g. Any original medical documentation that the customer provides to the LDSS; and
 - h. Original DHR/FIA 700.
7. Make sure to set the 745 Alert for all pending applications in order to follow-up at least every 90 days

Reminder: Remember to use CARES code 566 (Non-Cooperation with Eligibility Process) for all of the above denials.

- B. If an application for SSA benefits has been filed and SSA determined the applicant is currently disabled, the disability determination is binding on the State and the LDSS will NOT submit a referral packet to SRT. The case manager must then:
 1. Review financial eligibility prior to taking action on the case
 2. If the applicant is approved for SSDI:
 - a. Process the application in the S98 coverage group
 - b. Code the UINC screen SA; enter the income amount
Note: The case could become a spend down
 3. If the applicant is eligible for SSI:
 - a. Process the application in the S02 coverage group
 - b. Code the UINC screen SI; enter the income amount
 4. Finalize the application; send the appropriate notice

C. If an application for SSA benefits has been filed and SSA has denied benefits for non-medical reasons PERTAINING TO NON-COOPERATION (including, but not limited to, the applicant failed to pursue claim, failed to cooperate, failed or refused to submit to a consultative examination, or did not want to continue development of the claim – see SDX codes on Attachment 3), then:

1. Give the applicant the Request for Information to Verify Eligibility Form (DHR/FIA 1052) with instructions to go to SSA to apply for all benefits that the applicant may be entitled to and:
 - a. To return proof that an application for SSA benefits was filed; OR
 - b. To return proof that an appointment to file an application has been scheduled AND,
 - c. To return proof, within five days of the appointment date, that the appointment has been kept and the application for SSA benefits has been filed.
2. Create a 745 alert to follow up on receipt of proof that the appointment has been kept and that the application for SSA benefits was filed.
3. Deny the MA application on the 30th day when no proof that an SSA application has been filed on SDX, SVES, or SOLQ and:
 - a. No verification is received that an application for SSA benefits was filed; OR
 - b. No verification is received that an appointment to file an application for SSA benefits has been scheduled.
4. Deny the MA application on the 30th day when the SSA appointment was scheduled within 20 days after the MA application date and:
 - a. The applicant has not submitted verification that the scheduled appointment was kept; OR
 - b. There is no verification on SVES, SDX, or SOLQ that an SSA application has been filed.
5. Deny the MA application 10 days after the SSA appointment date when the SSA appointment was scheduled more than 20 days after the MA application date and:
 - a. The applicant has not submitted verification that the scheduled appointment was kept; OR
 - b. There is no verification on SVES, SDX, or SOLQ that an SSA application has been filed.
6. Once the SSA application is verified, if all other eligibility criteria are met, immediately complete and send a referral to SRT, which includes:
 - a. DHR/FIA 707;
 - b. Verification of SSA status:
 - (1) Verification from SSA; OR
 - (2) Original printout of the appropriate SDX, SVES, and/or SOLQ screen.
 - c. Original DHR/FIA 827;
 - d. Original DHR/FIA 3368, when required;
 - e. Verification of any earned income, if the applicant is employed;
 - f. Copy of OES 06 SGA Worksheet, when required
 - g. Any original medical documentation that the customer provides to the LDSS; and
 - h. Original DHR/FIA 700.
7. Make sure to set the 745 Alert for all pending applications in order to follow-up at least every 90 days

- D. If an application for SSA benefits has been filed and SSA has denied benefits for non-medical reasons OTHER than non-cooperation (see SDX codes on Attachment 2), the case manager must review the applicant's current situation, including income, resources, residency, etc., then:
1. If the applicant's resources exceed the MA program limitation:
 - a. Promptly deny the application; and
 - b. Do not have the applicant sign the DHR/FIA 827.
 2. If the applicant was denied for SSA benefits due to excess income, and if all other eligibility criteria have been met, complete a referral to SRT, which includes the following:
 - a. DHR/FIA 707;
 - b. Verification of SSA status:
 - (1) Verification from SSA; OR
 - (2) Original printout of the appropriate SDX, SVES, and/or SOLQ screen.
 - c. Original DHR/FIA 827;
 - d. Original DHR/FIA 3368;
 - e. Verification of earned income, if the applicant is employed;
 - f. Copy of OES 06 SGA Worksheet, when required;
 - g. Any original medical documentation that the customer provides to the LDSS; and
 - h. Original DHR/FIA 700.
 3. Make sure to set the 745 Alert for all pending applications in order to follow-up at least every 90 days.
 4. If the applicant was denied SSA benefits for any other non-medical reason:
 - a. Give the applicant the Request for Information to Verify Eligibility Form (DHR/FIA 1052) with instructions to go to SSA to apply for all income benefits that the applicant may be entitled to and:
 - (1) To return proof that an application for SSA benefits was filed; OR
 - (2) To return proof that an appointment to file an application has been scheduled AND,
 - (3) To return proof, within five days of the appointment date, that the appointment has been kept and the application for SSA benefits has been filed.
 - b. Create a 745 alert to follow up on receipt of proof that the appointment has been kept and that the application for SSA benefits was filed.
 - c. Deny the MA application on the 30th day when no proof that an SSA application has been filed on SDX, SVES, or SOLQ and:
 - (1) No verification is received that an application for SSA benefits was filed; OR
 - (2) No verification is received that an appointment to file an application for SSA benefits has been scheduled.
 - d. Deny the MA application on the 30th day when the SSA appointment was scheduled within 20 days after the MA application date and:
 - (1) The applicant has not submitted verification that the scheduled appointment was kept; OR
 - (2) There is no verification on SVES, SDX, or SOLQ that an SSA application has been filed.
 - e. Deny the MA application 10 days after the SSA appointment date when the SSA appointment was scheduled more than 20 days after the MA application date and:
 - (1) The applicant has not submitted verification that the scheduled appointment was kept; OR

- (2) There is no verification on SVES, SDX, or SOLQ that an SSA application has been filed.
- f. Once the SSA application is verified, if all other eligibility criteria are met, immediately complete and send a referral to SRT, which includes:
 - (1) DHR/FIA 707;
 - (2) Verification of SSA status:
 - (a) Verification from SSA; OR
 - (b) Original printout of the appropriate SDX, SVES, and/or SOLQ screen.
 - (3) Original DHR/FIA 827;
 - (4) Original DHR/FIA 3368, when required;
 - (5) Verification of earned income, if the applicant is employed;
 - (6) Copy of OES 06 SGA Worksheet, when required;
 - (7) Any original medical documentation that the customer provides to the LDSS; and
 - (8) Original DHR/FIA 700.
- 5. Make sure to set the 745 Alert for all pending applications in order to follow-up at least every 90 days.

E. If an application for SSA benefits has been filed and SSA has denied benefits for medical reasons before the MA application is acted upon (see SDX codes on Attachment 1):

AND

- 1. The application for MA benefits is based on the same medical condition(s) previously considered by SSA, and the applicant indicates on the DHR/FIA 700 that the medical condition(s) has not changed or deteriorated, promptly deny the application. This SSA decision is binding, even when the applicant has filed an appeal with SSA.

OR

- 2. The application for MA benefits is based on a medical condition(s) different from, or in addition to, the medical condition(s) previously considered by SSA, or the applicant indicates on the DHR/FIA 700 that the medical condition(s) has changed or deteriorated, then:
 - a. Give the applicant the Request for Information to Verify Eligibility Form (DHR/FIA 1052) with instructions to go to SSA to reapply for all income benefits that the applicant may be entitled to and:
 - (1) To return proof that an application for SSA benefits was filed;
 - OR**
 - (2) To return proof that an appointment to file an application has been scheduled **AND**,
 - (3) To return proof, within five days of the appointment date, that the appointment has been kept and the application for SSA benefits has been filed.
 - b. Create a 745 alert to follow up on receipt of proof that the appointment has been kept and that the application for SSA benefits was filed.
 - c. Deny the MA application on the 30th day when no proof that an SSA application has been filed on SDX, SVES, or SOLQ and:
 - (1) No verification is received that an application for SSA benefits was filed;
 - OR**
 - (2) No verification is received that an appointment to file an application for SSA benefits has been scheduled.

- d. Deny the MA application on the 30th day when the SSA appointment was scheduled within 20 days after the MA application date and:
 - (1) The applicant has not submitted verification that the scheduled appointment was kept; OR
 - (2) There is no verification on SVES, SDX, or SOLQ that an SSA application has been filed.
 - e. Deny the MA application 10 days after the SSA appointment date when the SSA appointment was scheduled more than 20 days after the MA application date and:
 - (1) The applicant has not submitted verification that the scheduled appointment was kept; OR
 - (2) There is no verification on SVES, SDX, or SOLQ that an SSA application has been filed.
 - f. Once the SSA application is verified, if all other eligibility criteria are met, immediately complete and send a referral to SRT, which includes:
 - (1) DHR/FIA 707;
 - (2) Verification of SSA status:
 - (a) Verification from SSA; OR
 - (b) Original printout of the appropriate SDX, SVES, and/or SOLQ screen.
 - (3) Original DHR/FIA 827;
 - (4) Original DHR/FIA 3368, when required;
 - (5) Verification of earned income, if the applicant is employed;
 - (6) Copy of OES 06 SGA Worksheet, when required;
 - (7) Any original medical documentation that the customer provides to the LDSS; and
 - (8) Original DHR/FIA 700
 - g. Make sure to set the 745 Alert for all pending applications in order to follow-up at least every 90 days
- F. If an application for SSA benefits has been filed but SSA has not made a decision, then:
- 1. The case manager must complete and forward a referral to SRT, which includes the following forms and information composing the SRT Referral Packet:
 - a. DHR/FIA 707;
 - b. Verification of SSA status:
 - (1) Verification from SSA; OR
 - (2) Original printout of the appropriate SDX, SVES, and/or SOLQ screen.
 - c. Original DHR/FIA 827;
 - d. Original DHR/FIA 3368, when required;
 - e. Verification of any earned income, if the applicant is employed;
 - f. Copy of OES 06 SGA Worksheet, when required;
 - g. Any original medical documentation that the customer provides to the LDSS
 - h. Original DHR/FIA 700.

Note: The LDSS must complete the SRT batch sheet daily for referrals to the SRT. The SRT is responsible for signing, dating, and returning the original batch sheets to the respective LDSS offices on a daily basis. (Refer to AT 08-17).

2. **The case remains pending until SRT or SSA provides a disability determination decision. Make sure to enter the appropriate delay code on the MISC screen for all cases that are pending past 30 days:**
 - a. If the information requested from the applicant is not turned in timely, the delay would be considered a customer delay and the case manager must use "Client Delay" Code: CD.
 - b. If the LDSS failed to refer the case to SRT in a timely manner or the LDSS failed to process the MA case in a timely manner, use "Agency Delay" Code: AD.
 - c. If the information was provided timely, but a decision has not been received from SRT, review the SRT case notes to determine the reason for delay:
 - If the delay is due to "Awaiting Physician Information" on medical records, use Code: PE.
 - If the delay is due to "Awaiting SRT Decision," use Code: RT.
 - If the delay is due to the "Client Delay," use Code: CD.

Note: Do not deny cases on CARES to avoid using a delay code.

Reminder: Make sure to set the 745 Alert for all pending applications in order to follow-up at least every 90 days

3. **If SRT has determined that an applicant is NOT DISABLED then:**
 - a. The SRT will send to the LDSS:
 - (1) The completed DHR/FIA 707; and
 - (2) Two copies of the DHR/FIA 736.
 - b. The LDSS must:
 - (1) Deny the application and send the appropriate CARES notice
 - (2) Use the DHR/FIA 739 as a cover letter
 - (3) Send one copy of the DHR/FIA 736 to the applicant or an authorized representative, notifying the applicant that they have been determined not disabled; and
 - (4) File the second copy of the DHR/FIA 736 in the case record.
4. **If SRT has determined that an applicant is DISABLED then:**
 - a. The SRT shall send the completed DHR/FIA 707 to the LDSS.
 - b. The LDSS shall:
 - (1) Approve the application if all other eligibility criteria are met; and
 - (2) Send the appropriate CARES notice.
5. **Using form DHR/FIA 707, SRT shall notify the LDSS once SSA has made a decision**
 - a. When SSA has determined that the applicant is **DISABLED**, the LDSS shall:
 - (1) Approve the application, if all other eligibility criteria are met; and
 - (2) Send the appropriate CARES notice, but do not send the Disability Determination Notice of Action Form (DHR/FIA 739).
 - b. When SSA has determined that the applicant is **NOT DISABLED** (see attached SDX denial codes for medical reasons), the LDSS shall:
 - (1) Deny the application according to COMAR 10.09.24.05-4 C;
 - (2) Send the appropriate CARES notice; do not send the DHR/FIA 739.
 - c. When SSA has determined that the applicant failed to cooperate with the disability process (see attached SDX denial codes for non-cooperation), the LDSS shall:
 - (1) Deny the application, using code 566 "Non-cooperation with the eligibility process"; and PF13 and add COMAR 10.09.24.04 N (1)-(4) to the CARES notice.

G. Application for emergency medical services for an undocumented or ineligible alien (X02 ABD):

1. If all other eligibility criteria are met, the case manager must complete a referral to SRT, which includes the following:
 - DHR/FIA 707
 - Original DHR/FIA 827
 - Original DHR/FIA 3368
 - Copy of OES 06 SGA Worksheet, when required
 - Verification of any earned income, if the applicant is employed
 - Any original medical documentation that the customer provides to the LDSS
 - If there is an authorized representative, attach a copy of the AREP screen.
2. Make sure to set the 745 Alert for all pending applications in order to follow-up at least every 30 to 90 days
3. If a decision from SRT determined the undocumented or ineligible alien "disabled," the LDSS must:
 - a. Complete form DES 401 or the Emergency Services to Ineligible Aliens form (see Attachment 15)
 - b. Attach a copy of the following information:
 - (1) MMIS screen 1 or MMIS/CARES screen showing results of Search
 - (2) Discharge summary with admission and discharge dates, if applicable
 - (3) ER admission, if applicable
 - (4) Documentation showing the emergency nature of the medical Services
 - (5) SRT determination (if qualifying as disabled/blind)
 - d. Send form DES 401 and documentation to the Eligibility Policy Division (address is located on form)
 - e. Based on the decision from the Office of Eligibility Services, the LDSS must process the application according to procedures located in Chapter 5 of the MA Manual.

REACTIVATION PROCEDURES

- I. The case manager must complete a referral to SRT if all other eligibility criteria have been met. The case manager must indicate on the DHR/FIA 707 the date that all information (needed to determine MA eligibility) was finally received. This information must be narrated in CARES. The SRT referral must include forms listed on page 3 of the Action Transmittal.

Reminder: Failure to send a notice when partial information is returned is an appeal issue. The case manager must send a notice to the customer and narrate in CARES whenever partial information is returned.

A. When the decision is received from SRT, the case manager will:

1. Pend the MA application in CARES using the original application date.
2. Perform CARES, MMIS, MABS, SVES/SOLQ AND SDX clearances.
3. Review all the clearances to verify there has been no change in the applicant's circumstances.

B. If the SRT has determined that an applicant is NOT DISABLED, the case manager shall:

1. Deny the application and send the appropriate CARES notice

2. Use the DHR/FIA 739 as a cover letter and send one copy of the DHR/FIA 736 to the applicant or an authorized representative, notifying the applicant that they have been determined not disabled; and
3. File the second copy of the DHR/FIA 736 in the case record.

C. If the SRT has determined that an applicant is **DISABLED**, the case manager shall:

1. Approve the application, if all other eligibility criteria are met; and
2. Send the appropriate CARES notice.

REDETERMINATION PROCEDURES

I. MA ABD Coverage Groups

A. At redetermination, no new SRT referrals are needed because MA continues as long as the recipient is continuing the application and/or appeal process with SSA. The MA case remains open until a final binding SSA decision is made. An eligibility determination for all factors of eligibility other than disability is all that is required to continue MA. At redetermination, the LDSS should use the SDX, SVES, or SOLQ to determine the recipient's SSA benefits status. If unable to determine by SDX, SVES or SOLQ clearances, the LDSS must obtain verification from the recipient.

B. Follow these procedures based on the recipient's circumstances:

1. If the recipient does not have a pending application for SSA, refer the recipient to SSA via the DHR/FIA 1052. No verification of SSA appointment or interview is received, close the MA case with code 566 (Non-Cooperation with Eligibility Process) and notify the recipient that he or she is no longer eligible for MA.
2. If the recipient has applied for SSA benefits and SSA has not made a final decision regarding the recipient's disability, then the case manager shall recertify MA eligibility if all other eligibility factors are met, and create a 745 alert to follow up periodically on the status of the SSA application.
3. If SSA determines that the recipient is disabled, then the case manager must review financial eligibility prior to taking action on the case:
 - a. If the recipient was approved for SSDI, the income is entered and the case could become a spend down.
 - b. If the recipient is eligible for SSI, the case manager must close the case and open as an S02 coverage according to SSA's eligibility date.
4. If SSA determines that the recipient is not disabled, the case manager must close the MA case and notify the recipient that he or she is no longer eligible for MA. When closing the case, select PF13 from the MAFI screen and add the following text to the closing notice: "If you submit verification that you filed an appeal with the Social Security Administration (SSA) within 10 days of the date of this notice, your Medical Assistance benefits may be reopened pending the outcome of the appeal."
5. If SSA denies an applicant for a non-medical reason other than non-cooperation, the case manager must refer the recipient to the SRT for a disability determination.

C. For recipients, an SSA final binding decision exists when:

1. SSA has made a decision and the decision has not been appealed; or
2. SSA has made a decision and all of the following SSA appeal levels have been exhausted:

- a. SSA Reconsideration
- b. SSA Administrative Law Judge hearing
- c. SSA Appeals Council review

D. Generally the time for filing an appeal of an SSA decision is 60 days from the date of the decision. However, SSA allows, in some circumstances, late appeals for good cause.

II. X02 Coverage Group

When the SRT disability decision period has ended or upon redetermination, the case manager must send another referral packet to SRT. If SRT determines that the recipient remains disabled, then send the DES 401 Emergency Services to Ineligible Aliens Form, the supporting medical documentation, and a copy of the original DHR/FIA 707 Form to OES for a medical decision to be made. If SRT determines that the recipient is no longer disabled, do not send any documentation to OES, but close the case.

IMPORTANT REMINDERS FOR CASE MANAGERS:

1. As a condition of eligibility for MA, unless good cause for not doing so is shown, applicants must take all the necessary steps to obtain and accept all income benefits to which they may be entitled, such as any annuities, pensions, retirement, and disability benefits including, but not limited to:
 - Veterans' compensation and pensions
 - Social Security Administration (SSA) benefits (other than SSI)
 - Railroad retirement benefits
 - Unemployment compensation
2. Each LDSS is responsible for completing the SRT Referral Batch Sheet on a daily basis (see Attachment 6).
3. Keep a copy of all forms in the case record.
4. Use CARES code 566 (Non-Cooperation with Eligibility Process) for all denials with SDX codes shown on Attachment 3.
5. Send a notice to the customer and narrate in CARES whenever a customer does not provide all requested information.
6. When counting days pending, Day One is the application date.
7. Make sure to enter the appropriate delay code on the MISC screen for all cases that are pending past 30 days. If the information requested from the applicant is not turned in timely, the delay would be considered a Customer Delay. Use Code: CD. If the LDSS failed to refer the case to SRT in a timely manner or the LDSS failed to process the MA case in a timely manner, use "Agency Delay" Code: AD. If the information was provided timely, but a decision has not been received from SRT, review SRT case notes to determine the reason for the delay. If the delay is due to "awaiting physician information" on medical records, use Code: PE. If the delay is due to "awaiting SRT decision," use Code: RT. (Do not deny cases on CARES to avoid using a delay code).
8. Only SSA and SRT can make disability determinations. The LDSS cannot make medical disability determinations, including presumptive disability determinations.

ATTACHMENTS:

1. SDX denial codes for medical reasons
2. SDX denial codes for non-medical reasons
3. SDX denial codes for non-cooperation
4. SDX appeal decision codes
5. Disability determination process flowchart
6. DHR/FIA 210 SRT Referral Batch Sheet
7. DHR/FIA 700 Customer Declaration of Disability
8. DHR/FIA 1052 Request for Information to Verify Eligibility
9. OES 06 Substantial Gainful Activity (SGA) Worksheet
10. DHR/FIA 707 Disability or Blindness Determination
11. DHR/FIA 3368 Disability Report
12. DHR/FIA 827 Authorization to Release Information
13. DHR/FIA 739 Disability Determination Notice of Action
14. DHR/FIA 736 Medical, Vocational, and Educational Assessment
15. DES 401 Emergency Services to Ineligible Aliens

**SDX Denial Codes
Medical Reasons**

- N07: Cessation of recipient's disability**
- N08: Cessation of recipient's blindness**
- N15: Blind claim denied. Applicant not blind**
- N16: Disability claim denied. Applicant not blind**
- N27: Disability terminated due to SGA**
- N30: Slight Impairment - medical consideration alone, no visual impairment.**
- N31: Capacity for SGA - customary past work, no visual impairment.**
- N32: Capacity for SGA - other work, no visual impairment.**
- N33: Engaging in SGA despite impairment, no visual impairment.**
- N34: Impairment is no longer severe at the time of decision and did not last twelve months. No visual impairment.**
- N35: Impairment is severe at the time of adjudication and did not last twelve months, no visual impairment.**
- N40: Impairment(s) does not meet or equal listing (disabled child under eighteen only), no visual impairment.**
- N41: Slight impairment - medical condition alone, visual impairment or blindness.**
- N42: Capacity for SGA - customary work, visual impairment.**
- N43: Capacity for SGA - other work, visual impairment.**
- N44: Engaging in SGA despite impairment, visual impairment.**
- N45: Impairment no longer severe at the time of adjudication and did not last twelve months, visual impairment.**
- N46: Impairment is severe at time of adjudication but not expected to last twelve months, visual impairment.**
- N51: Impairment(s) does not meet or equal listing (disabled child under eighteen only), visual impairment.**
- N55: Impairment due to DAA (no visual impairment)**
- N56: Impairment due to DAA (visual impairment)**

**SDX Denial Codes
Non-Medical Reasons**

- N01: Recipient's countable income exceeds Title XVI payment amount and his/her State's payment standard**
- *N02: Recipient is inmate of public institution**
- *N03: Recipient is outside of U.S.**
- *N04: Recipient's non-excludable resources exceed Title XVI limitations**
- *N05: Unable to determine if eligibility exists for some month(s) of a period of nonpayment**
- N12: Recipient voluntarily withdrew from SSI program**
- N13: Not a U.S. citizen or eligible alien**
- N14: Aged claim denied for age**
- N19: Recipient has voluntarily terminated participation in the SSI program**
- *N22: Inmate of a penal institution**
- *N23: Not a U.S. Resident**
- N24: Convicted of felony of fraudulently misrepresenting residence in two or more States**
- N25: Claimant is fleeing to avoid prosecution for, or custody or confinement after conviction for a crime which is a felony (or in New Jersey, a high misdemeanor) under the laws of the place from which he/she flees, or is violating a condition of probation or parole imposed under Federal or State law.**
- N52: Deleted from the State rolls before January 1973 payment.**
- N53: Deleted from State rolls after January 1973 payment.**
- N54: DO unable to locate applicant.**

*** May be returned to LDSS by SRT to review and take further action.**

**SDX Denial Codes
Non-Cooperation**

- N06: Recipient failed to file for other benefits**
- N09: Recipient refused vocational rehabilitation without good cause**
- N10: Recipient refused treatment for drug addiction**
- N11: Recipient refused treatment alcoholism**
- N17: Failure to pursue claim by the applicant**
- N18: Failed to cooperate on developing of claim**
- N20: Recipient failed to furnish required evidence**
- N37: Failure or refusal to submit to consultative examination, no visual impairment.**
- N38: Applicant does not want to continue development of claim, no visual impairment.**
- N39: Applicant willfully fails to follow prescribed treatment, no visual impairment.**
- N36: Insufficient, or no medical data furnished, no visual impairment.**
- N47: Insufficient, or no, medical evidence furnished, visual impairment.**
- N48: Failure, or refusal, to submit to consultative examination, visual impairment.**
- N49: Applicant does not want to continue development of claim, visual impairment.**
- N50: Applicant willfully fails to follow prescribed treatment, visual impairment.**

**SDX Codes
Appeals Decision**

AD Dismissed/Abandoned
FA Favorable/Appeal Approved
FC Fully/Partially Favorable (converted records only)
FF Fully Favorable
FN Favorable/SSA not appealed (court cases only)
OT Closed: Other
PF Partially Favorable
T1 Dismissed: Claimant Deceased
UA Unfavorable/appealed by recipient (court case only)
UF Unfavorable
UN Unfavorable/not appealed by recipient (court case only)
WC Dismissed/Withdrawn (converted records only)
WD Dismissed: Withdrawn
1D Dismissed: Cannot be appealed
2D Dismissed: Filed by improper requestor
3D Dismissed: Filed late without good cause
4D Dismissed: Withdrawn

*** If you have questions regarding an appeal decision please call The Social Security Administration at 1-800-772-1213. The SSA liaison contact AT was obsolete with the elimination of the DEAP.**

Disability Determination Process

